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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON CHOLOTOMY.

BY DR. E. E. MONTGOMERY.

Read before the Northern Medical Society, of Philadelphia.

Louisa P., aged thirty-five, domestic, of German descent, married, mother of five children, was admitted to the Philadelphia Hospital in April of the present year, suffering from cancer of the uterus and rectum, causing stricture of the latter viscus. The trouble began eighteen months ago, as an uneasiness about the rectum, difficulty in defecation, attended by straining and pain. The discharges were alight, liquid, of a muco-purulent and occasionally bloody character. This condition continued, better or worse at intervals, until five months ago, when it became permanent. She was treated for several months at the St. Mary's Hospital, with but little relief. She has lost flesh, becoming greatly emaciated; presents a sallow, cachectic appearance; complains of a want of appetite, nausea, frequent stools, largely of a muco-purulent and sanguineous character, attended by great straining and severe pain.

Until this illness she had enjoyed good health. She denies any syphilitic taint. Her habits have been none the best, being intemperate, and an inveterate user of snuff. Her father and mother are both dead; the latter died from "rectal obstructions," most probably cancer.

Menstruation has ceased.

Upon examination per vaginam, the uterus was found retroverted, hard, dense, fastened firmly in place; the rectum and posterior wall

were also dense and resistant. The rectum was blocked, an inch from the anus, by a firm, annular stricture, that would not admit the point of the little finger.

April 14th the patient was etherized, and rectotomy performed, by passing upon the finger a probe-pointed bistoury, and cutting through the stricture toward the sacrum.

The rectal walls were found contracted and dense, so far as the finger would reach. The following day diarrhoea set in so severely as to endanger the life of the patient, but was controlled by bismuth and chalk mixture. Bougies were subsequently used, but were attended with such pain as to oblige them to be discontinued.

Our patient progressed from *bad* to *worse*; stools were thin, muco-purulent, attended with great straining and agonizing pain. Her skin was of a dirty brown color, and emitted an offensive odor. She was very weak; had lost her appetite, and suffered from nausea and frequent vomiting. In this condition I proposed to do colotomy, with a slight hope that it might allay her suffering and prolong her life.

April 28th, 9 A.M., the patient was again etherized and brought before the class, this time for the operation of colotomy. Her condition, however, was so feeble as to lead us to be very doubtful as to the efficacy of any operative interference. In the operation I was assisted by my colleagues, Drs. Parrish, Musser, and Stryker. The patient was placed upon the right side, with a good-sized pillow under the abdomen. As a guide, a stain was made with iodine at a point one-half inch posterior to the middle of a line drawn from the anterior to the posterior superior spine of the ilium. Beginning at the erector spinæ

mass, an incision, midway between the lower rib and crest of the ilium, was made obliquely forward four inches, through the skin, superficial fascia and lumbar aponeurosis, to the quadratus lumborum muscle, tearing through the lumbar fascia covering this muscle anteriorly; the gut protruded into the wound. It was transfixed longitudinally by two sutures, three-fourths of an inch apart, drawn out and an opening made between them. The gut was then attached to the skin by six wire sutures. The after dressing was simply some oakum saturated with carbolized oil. The patient stood the operation badly, and it was only by the continuous subcutaneous injection of whisky, by Dr. Parrish, that she survived. As soon as the patient could swallow, two ounces of whisky and twenty drops of digitalis were given, in carbonic acid water, and half an ounce of whisky and five drops of digitalis, directed to be continued every three hours.

1 P.M., temperature 100, pulse 120.

6 P.M., temperature 100½ pulse 100; is now able to take and retain milk in addition to whisky.

29th. Had a very good night; temperature 98, pulse 104; digitalis continued:

R. Quinæ sulph,	gr. j
Tr. nuc. vom.,	gtt. v.

given every three hours. Wound was but slightly swollen, mucous membrane slightly everted, no fecal movement.

30th. Condition good, looks better than she has done for a week.

May 1st. Had a slimy mucous evacuation from the rectum.

May 2d. The first evacuation through the wound occurred this afternoon. The patient was not aware it had taken place. The superficial sutures were removed the following day. From this date the patient continued to gain, until at the end of the month she was able to attend to herself, and could go about the house at will.

October 8th. I found the patient this afternoon looking better than previous to the operation six months ago. She has a marked tendency to diarrhoea, but is able to control it by taking one-fourth of a grain of morphia daily. With the morphia she has but two movements daily. She is able to wash and dress herself and go about the building and yard. At every movement from the side there is a muco-purulent discharge from the anus.

This operation was first proposed by Littre, in 1710. He, however, suggested to make an incision in the left inguinal region. It was not

put in execution until 1776, sixty-six years later, when Pilhore, of Rouen, opened the cæcum through the right inguinal region. To avoid the danger of opening the peritoneum, and to place the artificial anus in a more convenient position, Collisen, in 1796, proposed reaching the colon by a vertical incision in the lumbar region; but we have no evidence that he performed it upon the living body. It remained for Amussat to place the operation upon a firm foundation, by making a transverse instead of a vertical incision in the lumbar region. The advantage of this plan over that of Collisen is, that it affords more room; the muscles cut across gape, and as the incision is in the direction of the vessels and nerves, they are less likely to be injured. Our pride in American, and especially in Philadelphia, surgery will not permit us to ignore the fact that Dr. William Ashmead, of this city, in 1838, opened the descending colon by a vertical incision without injury to the peritoneum, and was not aware until two years later that such a plan had been proposed by Collisen. Bryant modified Amussat's operation by making the incision obliquely or in line with the natural folding or creasing of the skin. This modification was followed in the case described above.

In performing the operation, the patient is placed in the prone position or slightly reclining toward the right side when the descending colon is to be opened. A large pillow or air cushion should be placed under the abdomen, the left lumbar region tense. Draw a line, with ink or tincture iodine, from a point $\frac{1}{2}$ " posterior to the middle of the crest of the ilium, to the lower rib, which will indicate the normal position of the descending colon. An incision is then made down to the aponeurosis, from the external border of the erector spinæ mass, obliquely forward four or five inches, crossing the vertical line at its centre; the aponeurosis is cut through carefully, until we reach the anterior border of the quadratus lumborum muscle. Cutting through the anterior layer of fasciæ will usually disclose the mass of fat upon which the intestine rests in this situation. Care should be observed, to avoid going too far forward here, for fear of injuring the peritoneum; the hemorrhage should be controlled as the operator proceeds, and especially before the last layer of fasciæ is opened. When the layer of fat is broken through, the intestine will usually, as in the case above, protrude into the wound. When it does not, it may be distinguished by: 1st, its distention and greenish hue, when previously distended;

2d, the longitudinal and circular fibres may be recognized; 3d, Amussat suggested that the small intestine, when protruding, was subject to oscillation during respiration, which, from its more fixed position, does not take place in the colon; 4th, If the incision be as directed above, we can distinguish it from its position, and should it be empty or flaccid, we may search for it at the bottom of the wound; when it protrudes, it is well to rotate it toward the anterior spine, in order to reach the surface free of peritoneum. In all examinations, it is well to avoid introducing the finger toward the anterior surface of the intestine. Should the peritoneum be injured, Mason recommends to seize it as you would a bleeding vessel, and apply a ligature.

Having satisfied ourselves that we have the colon, it should be transfixed by two ligatures $\frac{1}{4}$ " apart, drawn out and secured to the integument, tow or lint placed on each side, and an incision $1''$ to $1\frac{1}{2}''$ in length, made by knife or scissors, between the ligatures, taking every precaution to prevent fecal extravasations. The opening in the intestine should now be attached to the integument by four or six sutures, and each end of the incision through the integument brought together.

It is usually recommended to fill the intestine with air or water previous to commencing the operation; where either is used air is undoubtedly the better, as there is less danger of soiling the surrounding tissues when the gut is opened. An important advantage gained is that it increases the extent of surface free of peritoneum. In the case related above no difficulty was experienced in securing the bowel, though it had not been previously distended.

The after treatment is very simple. It may consist of a cloth spread with carbolized oxide of zinc ointment, changed as the necessities of the case may demand, or a wad of oakum saturated with carbolized oil, as in the case above.

There is frequently a little pain or soreness in the side, from the inflammation and swelling of the wound and the stretching of the intestine; if severe it may be allayed by warm fomentations and a dose of morphia. In some cases obstinate vomiting has been the cause of death; this has been ascribed to the effects of chloroform, but as it has also occurred when ether was administered, it is probably due to some reflex influence from the solar plexus. An extensive prolapse of the intestine may take place, and it is well the patient should be warned of this danger, as he would be much frightened.

The operation would be indicated to the merest

tyro, when there was obstruction of the bowel from cancer that could not be relieved by rectotomy, or in intractable strictures due to other causes, as syphilis injuries, chronic dysentery, etc.

It is also capable of affording great relief, as shown by numerous cases when the stricture is not so marked, but in which the patient is kept in agony by frequent passages over an extensively ulcerated rectal surface. The operation was first done by Mr. Pennell, for vesico-intestinal fistula in the male, restoring his patient to usefulness. Christopher Heath performed it in a female, for a similar difficulty. It has been performed for extensive recto-vaginal fistula and obstruction, from the pressure of tumors.

The objections to the operation may be pretty well brought under the head of: 1st, dangers. It certainly cannot be claimed that the operation is entirely free from danger, but the statistics show us that in the hands of a good anatomist and careful operator they are comparatively slight. 2d. Condemning the patient, for the remainder of his life, to the discomfort and inconvenience of an artificial anus.

This is an objection the patient or members of his family will naturally make, and is the one most frequently advanced by surgeons of little experience with the operation. On the other hand, the testimony of many patients and that of surgeons of long experience, is, that they do not suffer great inconvenience, but in many cases the bowels act with great regularity.

When we weigh the inconvenience suffered in the balance with the suffering allayed and life prolonged, we cannot but feel that it is more than justified by its results.

The earliest analysis of the results of this operation was by Caesar Hawkins, in 35th volume of *Transactions* of the Royal Medical and Chirurgical Society of London, in which he gave a record of 44 cases, being all he could find up to 1853. Of these, 23 recovered and 21 died.

From 1853 to 1873 Dr. Erskine Mason, of New York, has collected 80 cases. In three cases the small intestine was opened, 74 the descending colon, 2 the ascending colon, by Amussat's method, 1 by Collisen's, and resulted, so far as known, in 54 recoveries and 23 deaths. The shortest period of survival after the operation was sixteen hours, the longest six years.

Dr. Agnew, in his late work on surgery, has added five cases to the list, and in a hasty examination of the literature I have 3 published and 2 unpublished cases, one by Dr. Maury, and the case above noted, to add to the list, making in all 134 cases, with 85 recoveries and 49 deaths.

If we take in consideration the fact that the operation in many of these cases was postponed until the patients were exhausted by long suffering, these results cannot be otherwise than encouraging.

In conclusion, I would express my indebtedness for the notes of the case to Dr. Bernard Berens, who, as Resident Physician, had charge of the case.

A CASE OF OVARIAN TUMOR; MALIGNANT; DOUBLE OVARIOTOMY; DEATH AFTER FOURTEEN WEEKS.

BY JOSEPH ROBBINS, M.D.,
Of Quincy, Ill.

Theresa R., aged twenty nine, unmarried, underwent ovariectomy April 3d, 1818. About five years previously the patient fell down stairs, the accident being followed by severe pelvic pain, extending upward into the hypogastrium. Under the care of her father, an aged and prominent physician, she kept the recumbent position for some time. No physical exploration was made.

After getting about she became subject to attacks of agonizing ovarian neuralgia, always present during the menstrual periods, but rarely at other times. Such was her condition when she came under my observation in the summer of 1876, during the last illness of her father. On his death, which occurred soon after, she came under my care. All medication designed to prevent the recurrence of the oophoralgia not only failed, but the attacks gradually increased in frequency, though those occurring at the menstrual period were the most persistent and severe.

No vaginal examination could be obtained until March, 1879, when the uterus was found to be ante flexed, and too low in the pelvis. Pessaries proved to be of no avail, being always found displaced, lying transversely to the axis of the vagina. By the use of tents the cramped and strictured cervical canal was sufficiently enlarged to admit a stem pessary, but it could not be borne.

On the 11th of June, the patient finally consenting to anæsthesia, a thorough exploration was made, in which I was assisted by Dr. R. W. McMahan, of this city. By conjoined rectal and abdominal palpation, a tumor was made out, which we decided to be ovarian, forcing downward and flexing the uterus. It being evident that the flexion could not be cured, with a view to strengthening the cervical canal as much

as possible, bilateral incision of the cervix was resorted to, with apparently slight relief during subsequent menstruations, only two of which occurred afterwards.

The tumor steadily and quite rapidly increased in size, and the attacks of hypogastric pain became more frequent. On the 19th of November the abdominal distention, the discomfort and pain, calling for operative interference, and the patient not being ready to submit to ovariectomy, the tumor was aspirated, and one hundred and seventeen ounces of dark-colored fluid drawn off, with such apparently entire collapse of the abdomen as seemed to leave no room for doubt that we had to deal with a simple monocyst.

Although the general relief following the emptying of the cyst was considerable, the paroxysms of pain were but little less frequent, continuing to call for large doses of morphia to subdue them, so that for some weeks prior to the removal of the tumor the quantity taken weekly amounted to about a drachm. The tumor re-filled rapidly, and before the operation the abdomen was larger than ever. The patient, although rather above the medium height, was naturally of a slight and delicate figure, and this was further reduced by long-continued suffering, until, at the time fixed by herself for the major operation, her weight, exclusive of the tumor, could not have exceeded eighty-five pounds. On the day before the operation the pulse was 116; temperature normal.

The operation, which was performed under carbolized spray, was begun at 11.30 A.M., with the immediate assistance of Drs. H. W. Kendall and R. W. McMahan. Present, and also rendering valuable assistance in various capacities, were Drs. E. G. Castle, M. F. Bassett, L. H. A. Nickerson, L. H. Cohen, William C. Pipins and E. B. Montgomery.

The abdominal walls were so attenuated that what was nipped up in the middle of the incision for the overlying fascia proved to be the peritoneum. I could scarcely believe that the abdominal cavity had been entered, but demonstrated it by carrying a probe upward and sweeping it to and fro past the umbilicus without obstruction. Adhesions were found to be general over the anterior and lateral abdominal parietes, but, save in two or three places of limited area, they yielded easily under the edge of the hand. The tumor, being seized and tapped, so far refused to empty itself that it was found necessary to carry the incision, originally four inches in length, well above the umbilicus. On attempting to lift the partially collapsed

tumor forward through the opening, it gave way, breaking off in its lower third, which proved to be composed of a grayish, friable substance, resembling brain tissue, but darker, and somewhat firmer nearer its outer surface, and was about five inches in diameter at the point of fracture. The rupture permitted the escape of some of the contained fluid into the abdominal cavity, together with a small portion of a jelly-like substance, of which the tumor contained a large quantity. I think no one present had any doubt at that moment of the malignant character of the growth; there was, however, no alternative but to complete the operation. Rapidly detaching the major portion of the tumor, the remaining solid portion was found to be firmly fixed in the pelvic cavity. It was removed, piecemeal, with the fingers, when the point of firm adhesion was discovered to be over the bladder, and there a portion of the sac was left, it being impossible to find any line of separation between it and the subjacent tissues. The tumor was found to involve the right ovary, and its pedicle was very small. The left ovary was diseased, resembling in appearance and consistence the solid portion of the tumor, but was only slightly enlarged. It was also removed. The pedicles were tied and dropped, the ligature being composed of two strands of surgeon's silk, waxed, but not twisted.

Troublesome oozing occurred from the site of an extensive adhesion to the right abdominal wall, and in the pelvic cavity, where it was so persistent that the abdominal incision was extended downward, in order to bring the source of it into view. At this point, too, a hand mirror to throw light into the cavity served a good purpose. The hemorrhage was finally controlled in the pelvic cavity by the hot iron, and in the abdomen by pulverized Monsel's salt.

The cavities were freely washed out with sponges dipped in carbolized water. The abdominal parietes were found deeply injected, particularly the right. The uterus was healthy.

The incision was closed with silver wire sutures, which included half an inch of the peritoneum on either side. No straps were required. It was dressed with a strip of carded cotton, saturated with carbolized oil, a light compress and a flannel binder. The dressing was completed at 2.15 P.M., two hours and three quarters from the commencement of the operation. The digital dissection in the pelvic cavity was very tedious, and the persistent oozing required much time to control.

During the latter stages of the operation death

more than once seemed imminent. Two or three times the pulse became imperceptible at the wrist, and once the respiration so nearly ceased that Dr. Nickerson, who managed the anæsthetic, thought the patient dead. Drs. Bassett and Phipps, with their instruments already charged for such an emergency, promptly injected alcohol hypodermically, and she rallied, the stimulant effect showing itself almost instantaneously. Afterward it became necessary to repeat this, and the same happy results followed. Without it, I think death would have occurred while she was on the table.

Consciousness returned at 2.30 P.M., slightly anticipated by a hypodermic injection of half a grain of morphia. A like quantity was injected each succeeding half hour, until four doses had been administered, the abdominal pain being intense.

On being put to bed the pulse was one hundred and twenty-five and very weak, the surface cold, and the lips livid. She was warmly covered with flannel blankets and surrounded with bottles of hot water, and reaction came on pretty promptly, being fully established on my visit at 7.30 P.M.

Upon examining that portion of the tumor that had been preserved, that portion first detached and embracing the fluid-containing sac, I was led to hope that it might belong to the non-malignant dermoid family; for though no dermoid surface could be made out, within the substance of the more solid portion was a softened, almost fluid, oily centre, containing a mass of tangled hair imbedded in a fatty substance, and forming quite a large lump, as large as a small adult fist.

As a portion of the fluid contents of the tumor was lost externally, in the not wholly successful attempt to prevent their escape into the abdominal cavity at the time of the rupture, its weight could not be got at, but it was large enough to fill all the available space in the abdominal and pelvic cavities.

With the exception of insomnia at first, and persistent abdominal pain, the progress of recovery from the operation was very satisfactory. The pulse, which on the second day ranged from 126 to 139, fell on the third to 108; below 100 on the fourth; below 90 by the eleventh, and below 80 by the twentieth; ranging for a month afterward between 72 and 86. The temperature was 99° F. on the second day; and for the two following months did not rise above 99.8, save for three days, the fourteenth, fifteenth and sixteenth, when it ranged from 99 in the morning to 100, 100.2 and 100.5 in the evening.

The catheter was used twice, but the third time its touch at the entrance of the urethra provoked a discharge of urine unaided, and the instrument was not again resorted to until the seventh day; its use was then continued most of the time until the fifteenth.

On the sixth day, complaint being made of the weight of the compress, the wound was examined and union found to have occurred throughout, except between the second and third sutures from the top—opposite the umbilicus—where there was a slight superficial gaping, although the deep-seated structures were firmly united. Three alternate sutures, beginning with the lower, were removed and straps substituted. The site of the gaping was also strapped. On the eighth day the remaining sutures were removed, union being at that time complete.

As before stated, the abdominal pain was persistent; and it was so severe as to require the free exhibition of opiates to make it tolerable. Following the four hypodermic injections of one-half grain each, given within two hours of the return of consciousness, she was directed to have one grain of morphia by the mouth every hour, until the pain was subdued, or until the respirations were reduced to ten per minute. Such a measure of relief was obtained from the last injection, that administration of the medicine by the mouth did not begin until 7 o'clock, from which time until 2 A.M. she got one grain every hour. The pain being then less severe, the interval was extended to two hours, until 8 A.M. The respirations did not fall below twelve per minute. The morphine was continued in the same quantity, the interval between the doses not generally much exceeding an hour, through the second day and night, without any apparent toxic effect. The pupils remained natural during all this time.

In the morning, the pain being less severe, the interval was extended to two hours during the third day, but in the evening was again reduced to one. Before midnight the pain was much ameliorated; but it still continued in such degree as to require grain doses of the drug at irregular intervals of from one to three hours during the three or four following days. By the eleventh day, but four doses were required in the twenty-four hours, and by the sixteenth but two. During this time there was no tympanites, but the abdomen was very tender to the touch. The sensitiveness gradually diminished, however, except over the hypogastrium, where it still remained.

A fair amount of nourishment was taken, the

appetite gradually improving until she declared, about three weeks after the operation, that for the first time in years she was really hungry. The morale was always good, flesh and strength increased, and at the end of a month she was able to exchange her bed for the chair or lounge, sitting up a portion of each day.

The bowels were first moved, by enemata, on the thirteenth day. Two days previous an attempt was made to soften up their contents preparatory to evacuation, by giving a fluid ounce of Hunyadi water every four hours, but severe griping caused it to be discontinued. Movements were secured by enemata, until the eighteenth day (April 20th), when the first spontaneous evacuation occurred, which was attended with severe pelvic pain and followed by a sensation as of something remaining in the rectum. The rectal uneasiness subsided in a couple of days, but was followed four days later by vesical tenesmus and irritability, lasting several days. On May 7th there was an attack of distressing rectal tenesmus, lasting several hours, and similar attacks occurred daily until the 10th, when some scybala were voided. The tenesmus then ceased, but pelvic aching continued. The bowels remained sluggish, with occasional small evacuations, until the 20th, when, after an enema of glycerine, a lump of hardened feces, as big as a large orange, presented at the anus, and was partly dug away with the handle of a spoon and partly expelled by the efforts of the patient. Examination *per vaginam*, which was very painful, showed the rectum distended with hardened feces, firmly impacted, and about six inches of the descending colon, similarly distended, could be felt through the abdominal walls. For the removal of this mass I gave large quantities of glycerine by the mouth (fluid ounce doses every two hours), with a view to its solvent effect, and larger quantities mingled with water, by enema, which were repeated daily. The expulsive efforts of the patient were supplemented by the spoon-handle in the hands of the nurse, and each succeeding day showed something gained. Finally, on the 28th, the last of the impaction passed away.

The pain did not subside, as I had hoped it would, with the effectual clearing of the bowels. There was a constant aching, and with every evacuation, whether consistent or loose, distressing tenderness; and on the 31st I was forced to record my conviction that there was malignant disease within the pelvis. Although taking ice freely from the first, she could not at any time after the operation take cold water in any considerable quantity without gastric pain.

On the 14th of May she first noticed a coincidence which afterwards persisted with almost constant regularity; the ingestion of food, even when it produced no gastric uneasiness, was followed by an immediate aggravation of pelvic pain. From this time on the appetite diminished, and by the middle of June she had more than lost the flesh and strength that had been gained. The skin was sallow, her general appearance cachectic; the pelvic aching continued; there were frequent discharges from the bowels, always small and tenesmic, and whenever the stools were consistent they were flattened; vesical irritability and tenesmus were almost constant symptoms. This condition of affairs continued with little variation until July 10th, when, at about two o'clock, A.M., she had an alvine evacuation of considerable size, and fainted, or nearly so. Soon after she had another, and was then seized with agonizing abdominal pain. The bladder had been very irritable, and she had several times passed a little water.

When I arrived, at 3.50 A.M., Dr. McMahan, who had also been sent for, was already present and giving her ether, and she was soon sufficiently under the influence of it to relieve the pain. At 4 o'clock I gave her nearly a grain of morphia, hypodermically, a like quantity having been taken *per os*, about an hour before. At this time the pulse was almost imperceptible, and with great difficulty could be made out to be about 160 per minute. About twenty minutes after the injection of the morphia it became more perceptible, but soon failed again. Death occurred, without the quiver of a muscle, at 4.45 A.M.

Autopsy, eight hours after death.—Body emaciated to an extreme degree; rigor mortis well marked; cadaveric odor strong. The now tympanitic abdomen, on being punctured, emitted gas of an exceedingly fetid odor. The old incision was found to be very firmly united. Strong adhesive bands were met with anteriorly. The pelvis was filled with a confused mass of malignant growth, involving the uterus within it, and adherent to the vesical aspect of the cavity. It was the size of a medium adult fist. Only with the finger at the os uteri could the true relations of the tumor be made out. Its right and anterior superior portion had eroded, and broken down into a pulpy consistency, with fluid detritus floating about it. The whole mass appeared to be identical in color and consistence with the solid portion of the removed ovarian tumor. A lump of the same material, of the size of a large, plump fig, was found attached to a portion of

the small intestine, which depended so as to come in contact with the pelvic mass. This lump was, however, entirely distinct, and was covered with its own envelope. A similar deposit, of the size and shape of a large bean, was found in the mesentery. The appendix vermiformis of the cæcum was bound down in the pelvic mass, while below the rectum was very much pressed upon.

Careful exploration with a small bougie failed to demonstrate any passage from the bladder into the abdominal cavity; but only by erosion of that viscus and consequent extravasation of urine could I account for the sudden onset of pain which preceded death; pain of such intensity, that in comparison with it all her previous sufferings seemed to be as nothing.

I will not prolong this record by comments, further than to say, that experience in this case did not afford any support to the received opinion, that the long continued free use of opium seriously lessens the power of the system to resist the shock of grave operations.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF WILLIAM H. THOMPSON, M.D.

Professor of Materia Medica and Therapeutics in the University of the City of New York.

At our last lecture, gentlemen, we were speaking of the diagnosis of a disease that has no symptoms of its own. I think it is important, clinically, to remember certain leading points with respect to each disease, and you may set this down as a general rule, that Bright's disease has no symptoms of its own, but has the symptoms of every disease you can think of, sooner or later in some of the cases that still come before you, and therein lies the difficulty of the diagnosis.

You may say, "Well, but what about the urine? Is not that distinctive of Bright's disease? Will not that give indications which will leave no doubt about the diagnosis?" It does when those indications are present, but it does not when they are absent. Every one of the changes of the urine which are considered characteristic of Bright's disease may be absent (except one?); for instance, albumen may be absent; and not only may be so, but ordinarily is so; absent in more than one half the cases, unless you examine a great many specimens of urine; when you do have it it is usually temporary; it does not continue throughout the whole history of the disease; you will find it disappear for a while and come again; that is, in the chronic cases.

Then again, about casts: they may be present or they may be absent; some of the worst cases of Bright's disease will give no evidence of casts until you have examined a great many specimens of urine. Hence, you may not be able to make up your mind, until you have examined the urine

for a good while, that there is no disease of the kidneys, except for one fact, and even that must be taken with qualifications; that is, the specific gravity. In proportion as the urine is more watery, contains less of the solids, is the presumption that the kidneys are not working properly. But still this may happen, and repeatedly does happen, without any disease of the kidneys; namely, in nervous diseases. Here you are very likely to have a great deal of watery urine of very low specific gravity. In diabetes insipidus, for instance, which is due to a nervous complaint (principally), we have an enormous quantity of water passed, almost as pure as distilled water. I have known the specific gravity down to 1.001 repeatedly, and I have known it down to 1.000; but there must have been something wrong with the urinometer. But lately Professor Arnold requested me to see a case with him in which the urinometer marked 1.000 for one or two days. The patient was passing pure distilled water. Now, these are cases that show us that occasionally the water leaks through the apparatus of the kidneys almost pure. They are not always cases of kidney disease, though I believe they are oftener cases of kidney disease than not, but sometimes they are due to nervous disease alone. It is a very common thing in cases of exhaustion of the nervous system from any cause to have found the urine of very low specific gravity without any trouble of the kidneys. So that, although I regard the specific gravity as the most certain test of disease of the kidneys, it must be checked by other considerations.

Kidney disease is probably the commonest cause of death in this climate, in adults. I think it is a more common cause of death than even phthisis. But the patient with Bright's disease will come to you with almost any kind of complaint that you can imagine, and it is, for that reason, very often overlooked, and the disorders which it may occasion in any particular organ, for instance, will be taken to be the disease present. Now, it is a great misfortune to do so, and to-day I will take up the different parts of the body as they will be affected by Bright's disease, and will illustrate to you how I come to the conclusion that it is Bright's disease that occasioned the symptoms.

First, let us take these two cases which were brought up from the surgical ward. I have not seen them before, but I am told they are cases of this affection. The first patient tells us he has been sick for twelve months; he came into the hospital on account of retention of water. He has swelling about his feet. He has cramps in the stomach; has not vomiting or purging; has a lightness in the head, some headache, but not very frequently. It first began to be affected with the commencement of his ailment, twelve months ago.

Now, you may practice for years without meeting with a case in which the symptoms complained of by the patient commenced with the urinary organs themselves. This patient is an exception. And here I may say that you will have considerable difficulty in persuading your patient to believe he has any trouble with the kidneys, because he has no idea that he could have a trouble so serious as he would suppose a

kidney trouble would be, without having some pain directly referable to the kidneys. It is very difficult to make some believe that they have any trouble of the kidneys, just because they have never had in that region of the body a single abnormal sensation.

The next patient also came from the surgical ward. Eleven months ago he was operated upon for hip-joint disease, since which time the abscess has been open and running. After this running had continued for some time he noticed a swelling in his back, about his kidneys; then swelling appeared in the feet. Now here is another case that differs in its history, altogether, from any case we have had before. It is probable that an examination of his abdomen would reveal enlargement of the liver; and usually these patients pass a large quantity of dark-colored water; that is characteristic in this form of the trouble; that which comes on during prolonged suppuration, but notably suppuration of bone, or connected with disease of bone, I should rather say. It is lardaceous disease of the kidney, what has been termed amyloid disease of the kidney. It comes on very insidiously, and with conditions that are exactly reproduced in the liver. We have the same change occurring in the liver that we find in the kidney. Well, the first symptoms the patients will complain of will be, in the majority of instances, dropsy and great debility, and that is about all. They are exceedingly negative. It is not until the disease has progressed for a long while that you will begin to have those other symptoms relative to some distant organ of the body, either the brain, the stomach, the lungs, etc.

Now we will take up the different organs of the body, and show you how they may be affected by Bright's disease, and how you may reach the conclusion that the kidneys are at the root of the trouble, although you examine the urine and do not find positive indications of it.

First, the head. A patient may have a very severe headache due to Bright's disease, but so he may have from a number of other causes. The causes of headache are almost infinite. What, therefore, will be your reason for suspecting Bright's disease the cause of headache in any given case? If the patient never suffered from headache before it is a new story to him; but lately he suffers frequently from it; it is a suspicious circumstance. If along with it he has nausea, you have another suspicious circumstance; that, you know, occurs with sick headache also; but sick headache is an old story; the patient is accustomed to it; it is usually almost a life-long story. Hence a headache that is recent, and which produces nausea and vomiting, is very suspicious. Then the headache of Bright's disease very rarely occurs without being accompanied by some derangement of vision or some symptoms connected with the eyes. In some cases there will be failure of vision; yet that may be ascribed to the patient's age, for instance, as Bright's disease so commonly occurs in adult life. But there will be something different from failure alone in the presence of sparks or specks, as the case may be. I prefer to call them sparks or specks, for this reason; that sparks or bright-colored specks

mean that you have a congested, inflammatory condition of the retina; dark-colored specks, on the other hand, are simply indications of anemia of the retina, or a state that is analogous to that which produces the darkness that comes over one when on the verge of fainting; there is that difference between the two; but you may have either the one or the other caused by Bright's disease. The patient will very frequently see a kind of halo or haze. It is very uncommon to have any disturbance of the important functions of the eyes so as to produce double vision or any disorder connected with single vision, either amblyopia or diplopia, etc.; but this other state, namely, haziness, a dim cloud and specks, occurring with headache, and that headache producing nausea, would lead me, if I did not find anything in the urine, to examine the rest of the patient's frame.

In the first place, I would very carefully examine the arteries of the body, to see whether they were thickened and had that sense of arterial fullness that we have spoken of. But there you would have to be somewhat guarded in your conclusion. In my own case, I have a great deal of dilatation of the left temporal artery; it is always larger than the right. It is because I have been subjected for years, at least thirty years, commencing in my early boyhood, to hemicrania. Now, this you will find frequently in sick headache, dilatation of the temporal artery on one side. But suppose the radial arteries are thickened and rigid; or if they are not thickened or rigid, but are overfull and have an incompressible pulse with the symptoms of headache before mentioned, I would think the patient's kidneys were not working properly, even though I found no albumen in the urine. I should want to keep him under further observation.

But another class of symptoms may come up quite different from headache. The patient may have an attack of great depression of spirits, taking somewhat the form of insanity. That is a very common thing in Bright's disease; that is, it is one of the things that occurs in this disease. I will narrate a case illustrating that.

Three months ago I was asked by two physicians in New Jersey to see a case which was obscure to them. The patient was a gentleman who had been very fleshy, and was losing flesh rapidly, so that within a comparative short time he was reduced in weight forty pounds. This his physicians supposed to be due to some form of insanity, because he had become very much depressed in spirits, and had been detected several times trying to take his life. On one occasion he tried to shoot himself. He complained of a constant sensation of uneasiness in his head and of constant insomnia; and he had been dosed with all the narcotics, to give him sleep, but his sleep had been very poor. Now and then he had attacks of nausea, and twice he passed a good deal of blood from the bowels, and was very much reduced thereby. The question was, what is the matter with him? They had examined the urine three times, but found no albumen. On examining him, I found a very small and contracted liver; and by the way, he had been a very temperate man all his life; he never had drunk at all; but he had a very small

liver. He had a large heart; the arteries were rigid. With the exception of that loss of blood from the bowels, which nearly caused him to faint, and the loss of flesh, and mental symptoms, he had no indications of disease. Now, I made up my mind that it was a case of meningitis, due to uræmia; that it was uræmic meningitis; that the man was suffering from chronic meningitis caused by disease of the kidneys. I could not examine the urine then with the microscope, but it yielded negative results to the test for albumen. One of the physicians had examined it before, with the microscope, but found no casts. It was of low specific gravity, 1.008. I believe I forgot to say, that when you find urine of low specific gravity you should consider that fact in connection with the quantity passed in the twenty-four hours. If at the same time the urine is of low specific gravity the patient be passing a small quantity in the twenty-four hours, as two or three pints, or a pint and a half, or only half a pint, as I saw recently in a case, you may know it has not a nervous origin; for urine of low specific gravity, of nervous origin, is large in quantity, never small in quantity. But where the specific gravity is low because of kidney disease, the quantity of urine may be quite small.

Well, I found this patient had a small liver. I knew he had a diseased kidney, and that his was one of those cases so common now, in which we could not tell from the urine whether or not he had kidney disease, when in reality he had the worst kind, namely, a very contracted kidney. The small liver undoubtedly meant small kidney. Now, that is a fact of considerable importance, to which the attention of the profession was directed by Dr. George Johnson, twenty years ago, that chronic diseases of the liver are almost always accompanied by the same kind of chronic degeneration of the kidney. If you have a fatty liver you are very apt to have fatty kidneys; if you have an enlarged, engorged liver, you are very apt to have a similar enlargement and hyperæmia of the kidney; if you have lardaceous disease of the liver, you have also waxy or lardaceous disease of the kidney; if you have cirrhosis of the liver, you are almost certain to have cirrhosis of the kidney. Hence the presumption may be taken, in nearly every case, that contracted liver is accompanied by contracted kidney; and that you have the influence of both diseases present to explain the symptoms of the patient. Now, that contracted liver was, of course, the cause of that great purging of blood which he had. He had a giving way of the capillaries in the portal tract, on account of the great embarrassment of the portal circulation through the liver. But his brain troubles were unquestionably due to the condition of the blood, to uræmic poisoning; for he had the character of chronic uræmic meningitis. Now, as we told you before, a patient with Bright's disease may have any serous membrane affected; one will have meningitis, another pleurisy, another dropsy of the tunica vaginalis testis, and so on. In this case we had chronic meningitis, which was shown by these symptoms, namely, sleeplessness and a very prolonged pulse, now and then irregular. It was a long pulse, not a quick pulse; and it would now and then stop and be-

come quite irregular, a symptom quite common in derangements of the head. But the patient, instead of having headache, had a diffuse sensation of distress in the head, not located in any one particular place; and this is quite a common thing in chronic meningitis. And lastly, that loss of flesh which does occur in chronic meningitis, but may, however, occur from other causes. I gave my opinion that the meningitis was not due to the disease of the liver, because meningitis and liver disease do not often go together, but meningitis and kidney disease do very often go together. The treatment was directed accordingly. The specific gravity of the urine should be increased. For more than four weeks no benefit was derived from mercury. He was ordered to be put under the corrosive sublimate, and to continue the iodine, which he was taking in very small quantities, increasing it. He had been fed very largely on meat, because he was weak. But this was stopped; he was to have nothing but farinaceous food and milk, and dates. He was confined to these, and they are very good articles of diet, by the way. Anybody can live on milk and dates, as the Arabs do. He was to take the corrosive sublimate a long time. It went on without any benefit to his symptoms until about the sixth week, when he began to feel much better. He began to sleep better, and the last time I heard of him he was improving decidedly. Now, I think it very probable that he will improve up to a certain point and then stop, and the disease will finally carry him off. That is the manner in which it affected him.

Another case will begin with sudden, positive mental derangement, and when it does, it will, of course, vary in its symptoms. Nearly always, however, the patients are taciturn and very obstinate. That is, at least, my experience with brain troubles caused by uræmia. They have a tendency to be taciturn and exceedingly set in their ways. They cannot be persuaded to do anything. One gentleman whom I was called to see I persuaded, with great difficulty, to go to bed, and after he got there he concluded he would not get up, not even to pass his motions. He did not like it because I tried to reason with him, and told him he ought to get up for that. He said I had told him he must go to bed, and go to bed he did, and now was going to stay there. Well, he did stay there four or five days; nothing at all could be done with him. He remained in a state of stupor for about four months, acting very much as if he were idiotic. He had a very pale, exsanguinated appearance; the specific gravity of the urine was very low, and contained a great amount of albumen and casts continually. That was eleven years ago. That man had lost his wife a few months before, and it looked very much as if he were going to follow her very soon; but instead of that he got well, took to himself another wife, and is in active business at present.

The next class of cases which we will consider are those of pulmonary difficulty. Among the commonest symptoms of Bright's disease is some trouble somewhere in the chest, usually pleurisy. The pleurisy is usually characterized in this way: you have but a moderate amount of fever, or inflammation, or of pain, and a very disproportion-

tionate amount of effusion. That is, comparing it with ordinary cases of pleurisy, there is less fever, less inflammation, less pain, and there is a great deal of water. If, therefore, a patient comes to you with difficulty of breathing, and you discover on examining him, what he has not mentioned in his history, the symptoms of pleurisy, it is a very suspicious circumstance. Several times have patients come to me, saying they had a slight cough and shortness of breath, which was about all, and I found quite a pleuritic effusion. Had it been a pleurisy with some other cause than Bright's disease, the patient would have done two things which are very characteristic, he would have pointed to a particular spot and then said, I have severe pain there; he would also have a fever.

Patients with Bright's disease also very commonly have a bronchitis. We have had one case here in which the cough was the first symptom, and it was very severe. Now, how is this bronchitis to be suspected as the result of Bright's disease? In this way: the dyspnoea is out of all proportion to the lung trouble that you can discover, and it is located over the line of both lungs. You will hear a great many fine crackling râles. The patient very easily gets out of breath, and has a tendency to get pale in the face, while a true bronchitic patient is usually suffused in the face and eyes. Paleness in bronchitis is to me always suspicious, and particularly if I find the upper portion of the lungs tolerably clear, and on passing downward toward the base of the lung find a good deal of fine mucous crackling on both sides. This is so common, indeed, that one authority says it is pathognomonic of Bright's disease. If you always find a crackling at the base of the lungs, never clear, it matters not whether the patient has a cough or not, it is suspicious. I have a patient now under my care, who has not coughed at all, that I know of, but over the base of his lungs I always hear crackling sounds. I heard them the first time when examining him for a cold; but after the cold passed away these sounds were still heard. I mention this case because the patient was under my care for over eighteen months without showing once a trace of albumen in the urine, and I had a great deal of difficulty in making him and his friends believe, against the opinion of two other physicians, that he had Bright's disease. For eighteen months I treated him for Bright's disease, although I never found any albumen in the urine, and I was said to be in the wrong. But finally he had typical dropsy, and plenty of albumen in the urine, and what was supposed to be an epileptic fit, but afterwards properly attributed by them to Bright's disease. The other two physicians had been judging, from the absence of albumen and casts, that it was not a case of Bright's disease; but sooner or later he had plenty of both. But during all that eighteen months he had those subcrepitan râles over the base of both lungs, without any heart disease; without any enlargement of the heart that was noticeable. There probably was some, of course, as would occur in the course of the disease.

Another fact connected with the lungs, which, when it occurs, you may put the case down at once as one of Bright's disease; that is, an attack

of asthma coming on for the first time. Here again, you see, it is not the symptoms, but their connections, which point to Bright's disease. A man is waked up after midnight, for the first time in his life, with difficulty of breathing, of an asthmatic kind. He never had any such turn before. If that is his story, he has Bright's disease, for nothing else will do that. And you will usually find then plenty of albumen in his urine; not always but nearly always. Or he has, for the first time in his life, a very bloody expectoration, in large quantity. Now, that is not a case of ordinary hæmoptysis, and yet it is hæmoptysis. Now, what is the difference? He is raising a great deal of blood. Well, the difference is this: he has a great deal of dyspnœa with it, whereas, ordinary cases of hæmoptysis are not accompanied by much dyspnœa, except it may be caused by the flow of blood.

So asthma is perfectly characteristic of Bright's disease, if the patient has never had it before; hæmoptysis is perfectly characteristic of Bright's disease, if it occasion a great deal of dyspnœa; in other words, if it is a kind of suffocating asthma with spitting up of blood.

With reference to the heart producing symptoms that are characteristic of Bright's disease: the patient has a good deal of difficulty of breathing when he walks up stairs or when he walks fast. He has a way of telling you that it is directly under the sternum that the sensation is felt. It is not like as it is in other cases of enlargement of the heart giving dyspnœa, for these latter feel it all over the heart. But as a rule, in uræmic dyspnœa, connected with uræmic disease of the heart (you may call it Bright's disease enlargement), the difficulty is felt directly under the sternum. The patient feels as if a great stone or weight were under the sternum. You find out that the patient has a very strong heart; that he has a tremendous beat of the heart; and that it is considerably enlarged, but no sign of valvular disease. Now, what is it that can cause enlargement of the heart besides valvular disease? Simply dyspnœa with enlargement of the heart does not indicate Bright's disease; but dyspnœa with enlargement of the heart and no valvular disease, does signify Bright's disease. The heart is enlarged, not on account of trouble with the heart, but on account of trouble away off in the arterial system; difficulty of pumping the blood through the arterial system, because the arteries have been narrowed by the disease, either a nervous narrowing, common spasm of the arteries, or by actual thickening of the walls of the arteries themselves. The heart grows larger and more powerful, in order to overcome this resistance in the arteries, instead of to overcome some condition of its own valves which causes enlargement in certain other cases. But sooner or later you will have valvular interference in enlargement of the heart from Bright's disease, but not as a cause.

Now, with regard to the stomach. The condition of the stomach which is characteristic of Bright's disease is that it is unusual, that the stomach trouble is a new feature, that is, new to the patient. First and foremost is dyspepsia of a recent kind, with tenderness on pressure. The patient does not like to button his pants, his

vest or coat, or wear anything drawn tightly around him, particularly after eating. He dislikes to eat certain articles of food, because they increase his distress. The stomach becomes more and more troublesome, and he comes to you with this story, that he is very bilious; very likely he throws up a quantity of perfectly clear, greenish bile, and he is getting so he throws up his food very readily.

Now, here, of course, you have dyspepsia; a very common thing; a chronic gastric catarrh; a very common thing; you have vomiting, also; another common thing; how is it that you suspect Bright's disease? By the fact that it has come on within a year or two, and previous to that the patient had no trouble at all with his stomach; had had a very good stomach; and you cannot trace it to his habits in the way of drink particularly. If, therefore, you have a case of severe dyspepsia, with vomiting and distress after eating, coming on in a man who is temperate and used to have a very good stomach, and who has not changed his mode of life in a way to abuse his stomach, you may suspect Bright's disease. Therefore, as a matter of routine practice, you should, when a person comes to you with dyspepsia, examine his urine. Again, a persistent diarrhœa should lead you to examine the urine. Dysentery is not so common in Bright's disease, and I have seen several cases that had been supposed to be Bright's disease dysentery when they were really due to cirrhosis of the liver.

Lastly, the general symptoms: they are mere loss of strength. A man comes to you saying he has been feeling weak and debilitated, and does not know what is the matter with him, but he is losing strength. Well, is that very distinctive of Bright's disease? Yes, if he is very pale. Loss of strength comes in this disease with anæmia and nothing else. The patient may have meningitis, but that does not affect the muscular system; he may have pleurisy, but that in itself does not affect the muscular system; he may have heart disease and yet not feel weak; but when he begins to become anæmic he complains of muscular weakness and debility, and that is significant of Bright's disease. It is surprising how many symptoms may arise from this disease, and persist for a good while, without the patient complaining of loss of strength. But when it does occur it is due to anæmia, and the characteristics of anæmia from Bright's disease we have already described.

Epileptic, Hysterical and Puerperal Convulsions.

It is pointed out by Dr. Oppenheimer, in the *American Practitioner*, that the above three varieties of convulsions are occasionally liable to be confounded. Either of the first two occurring in childhood would be apt to be, and in fact, have often been mistaken for those uræmic in origin. He further claims that epilepsy may be produced by the pregnancy; and adds that hysterical convulsions differ from epileptic convulsions only in degree, and should, therefore, be termed *epileptoid* convulsions.

EDITORIAL DEPARTMENT.

PERISCOPE.

Headaches and their Treatment.

Dr. F. A. Simmons, of St. Joseph, Mo., writes, in the *St. Joseph Medical and Surgical Reporter*, for October, 1880:—

This disagreeable and common affection is associated with so many dissimilar conditions, and originates from such a variety of causes—immediate and remote—that its pathology and treatment are more unsatisfactory, perhaps, than any subject in the whole range of medical practice. In England, when all other causes fail to account for an attack, it is called *gouty*. In America, it is *sick and bilious*—occasionally *rheumatic*—but never *gouty*. These terms greatly influence the ideas the profession have of the pathology of the disease and their plans of its treatment. It should not be considered as a disease of itself, but should be regarded as a painful expression of encephalic change, a symptom—associated, it may be, with various organic lesions—with hyperemia, anemia, hyperesthesia, or with hyperacute sensibility to all impressions, especially those of a reflex nature, originating in causes connected with the bladder, uterus, disorders of the stomach or other organs, or those reflected from other distant parts. A knowledge of these conditions has a great practical bearing in the treatment of headache. The remedies suitable for one form may aggravate that of another variety. There is no safe, reliable, universal, panacea; no one drug that will cure all these conditions. The search should not be for specifics, unless in pathological culture and physiological research. The specific condition should be ascertained, and then the specific drug selected to alleviate the pain of that condition.

The headache of hyperemia is associated with a determination of blood to the brain, and a fullness of its vessels. There is pressure exerted by it upon the dura mater and pia mater; and these membranes being acutely sensitive, pain is produced, with a feeling of constriction. There is heat of the head, redness of the face, throbbing of the carotids, fullness and force of the pulse, ringing in the ears, vertigo, congestion of the conjunctiva, contracted pupil, and in severe cases nausea and vomiting. As recumbency facilitates the afflux of blood to the brain, it generally increases the pain.

Relief may be sought by depletion, purgatives, cold applications to the head, ice water, ice bags, chloral hydrate in xx grain doses, bromide of potassium in xx to xl grain doses, and by ergota in teaspoonful doses of the fluid extract.

Those reduced by acute disease, by hemorrhages, leucorrhœa, prolonged lactation, malaria, and those affected with leukæmia, tuberculosis and chlorosis, have *anæmic headache*.

It is recognized by the history above given, by a slow, languid pulse, dilated pupils, cool surface, pale face, and by a look of weariness and depression.

The treatment requires quietude of body and mind, stimulating and anodyne remedies, ammonia, camphor, opiates, ext. guarana—3 ss to 3j; spirits—brandy, whisky, etc., during the attack; and iron, strychnia, quinia, arsenic, bathing, electricity, and nourishing diet to tone up the system during the interval.

In the hyperæsthetic headache we have excitement and a peculiar sensitiveness of the brain, that render it painfully cognizant of impressions that ordinarily would not affect it at all, as we have spasms and convulsions from slight noises—as the rattling of water—in similar conditions of motorial irritation, caused by brain poisoning from strychnia, hydrophobia, and other poisonous agents. The accumulation of *urea* in the system produces this irritable, painful, neurotic condition of the brain so favorable to headache. Some of the most severe and persistent headaches I ever saw were associated with Bright's disease of the kidneys. Other poisonous agents also affect it thus. This painful predisposition and impressibility is sometimes left by sunstroke. Sometimes it is the legacy of inheritance. Come as it may, or however produced, when this painful predisposition exists, slight exciting causes from without or from within are sufficient to develop an attack.

Mental and bodily fatigue, exposure to the sun's rays, loss of sleep, imprudence in diet, the excessive use of tea, coffee, tobacco, and spirits, may be mentioned as familiar examples. The irritations reflected from distant parts and organs, as those of the uterus, bladder and stomach, have been mentioned. This neurotic condition of the brain may be more or less present in all the varieties of headache. It may be associated with anemia or with hyperemia.

In the treatment, opium or its alkaloids, morphia, or codeia, when not contraindicated by some individual idiosyncrasy, is the surest and speediest remedy we possess to alleviate the attack. Hydrate of chloral in fifteen grain doses, repeated every hour or two till relief is obtained, is a valuable remedy, especially where there is some hyperemia. So, in the same condition are the Bromides, in full doses. Caffeine in two to five grain doses, in tea or coffee, fluid extract of guarana (*Paullinia sorbillis*) in one-half to one drachm doses, are pleasant and good remedies.

To prevent a return of an attack the system should be toned up during the interval and put in as perfect a state of health as is possible. In most cases tonics are indicated. Other organs should be carefully interrogated for sources of reflex excitability.

Treatment of Stricture of the Rectum Caused by Syphilis.

Dr. J. Williston Wright, of New York, says, in an article on stricture of the rectum, published in the *Medical Gazette*, October 16th, 1880:—

In the treatment of strictures apparently depending upon constitutional syphilis, where the rectum is obstructed by the presence of a deposit resembling that of a gummy tumor, the patient should first be etherized, then the surgeon should introduce two fingers of his right hand into the rectum, and proceed to break down the soft, friable material of which the stricture is composed. Bougies of suitable sizes should then be used at intervals of a few days, the parts kept clean by injecting weak carbolic water several times daily, to be followed each time by a small quantity of common black wash or weak solution of nitrate of silver. The patient at the same time should be carefully brought under the effect of mercury and iodide of potassium, while the general health is maintained by the use of liberal diet and tonics, such as iron, quinine and cod-liver oil. Yet, as I have already stated, specific remedies seem to have less effect than in almost any other of the late or tertiary manifestations of syphilis. If the fingers are not sufficiently powerful to break up the deposit, it can be effected with this instrument, which resembles the tri-valve speculum, except that its blades are less flattened and stronger. When closed the instrument is small enough to pass almost any stricture. By turning the handle the blades are expanded and the stricture dilated. As the instrument is powerful care should be taken in using it lest a rupture of the bowel occur, an accident which has happened more than once in the hands of good surgeons.

If there is reason to suppose that ulceration of the bowel exists above the strictured point, nitrate of silver in solution, or other stimulating fluid, can be applied by introducing a small, flexible male catheter through the stricture and injecting the substance by means of a syringe attached to its outer end.

Treatment of Acute Laryngitis in Young Children.

Dr. E. Fletcher Ingalls, of Chicago, says, in a communication to the *Chicago Medical Journal and Examiner*, for October, 1880, on the treatment of diseases of the larynx:—

Acute laryngitis in young children requires more vigorous treatment than in adults, because of the small size of the larynx, and the greater liability to spasm of the glottis. In treating these cases the warm bath should be used at first, to relieve the engorgement of the mucous membrane and tendency to spasm. The atmosphere of the room should be kept moist by steam, and the temperature kept up to 80° F. or 85° F., and when possible, the little patient should be induced to inhale steam from the atomizer. Frequently, young children become very much alarmed by the atomizer, when brought close to their faces, but they will get some benefit from it though it is placed three or four feet away. A great deal of benefit will frequently be derived from warm applications, care being taken to keep the parts constantly warm and moist. For this purpose, poultices of flaxseed are as good as anything, or you may use cloths wrung out of

hot water, or spongioplin with warm water, which latter is an elegant application. Whichever of these is employed, it must be kept constantly hot, for if allowed to cool it will do more harm than good. If these cannot be kept warm, it is much better to apply dry cloths. Turpentine stupes to the neck have also been found beneficial. If there is much tendency to spasm, the compound syrup of squills may be given, or small doses of belladonna, which not only relieve the spasmodic tendency, but possibly have some specific curative effect on the mucous membrane of the throat.

If oedema comes on, you should make an effort to scarify the part; but generally this cannot be effected in young children; failing in this, by passing the finger over the base of the tongue, you will sometimes be able to tear the mucous membrane with the nail, and thus allow the serum to escape. If you cannot relieve the oedema, and the dyspnoea continues to increase, do not hesitate to resort to tracheotomy, which holds out very good chances for recovery.

In a few rare instances of acute laryngitis in young children, the dyspnoea seems to be due to inflammation of the posterior crico-arytenoid muscles, which are the abductors of the vocal cords. The glottis, during respiration in health, is a triangular chink; but with paralysis of these muscles, the cords are drawn together during inspiration, so as to greatly interfere with the ingress of air. In one case of this sort, reported by Dr. J. Solis Cohen, it was found that the application of ice bags to the neck every minute for about eight hours succeeded in inducing reflex respiratory movements, which carried the child over the critical period.

The Papaw Juice.

Mr. H. J. Bose, who, while on a recent visit to Jamaica, had his attention directed to a statement that *Papaine* had been found to be a vegetable peptonizing agent, obtained some of the juice, and the experiments which he has since made with it confirm this statement, and even show that it acts as a diastase. Says he, in a communication to the *Canadian Pharmaceutical Journal*, for October, 1880:—

The experiments which I have made on the effect of the juice on fibrin and albumen confirm the results of previous investigators; but I have also found that the dried juice possesses the property of converting starch into sugar, thus taking the part of diastase. I have not yet had time to follow up this subject, but, in the meantime, briefly indicate the experiments made, so that those who have more leisure may find ground for further research.

1. Five grains of starch was boiled in two fluid drachms of water, and when cooled to 100° F., five grains papaw juice added, and the temperature maintained. In half an hour the solution was quite thin, and in an hour iodine no longer gave a blue coloration.

2 and 3. The same quantities were similarly treated, with the addition respectively of five grains of glycerine and five minims of alcohol, with similar results.

4. Ten grains of starch, similarly treated, was

decomposed by the same quantity, after a little longer action.

5. Fifteen grains nearly all decomposed under the same treatment.

6. Five grains of starch, similarly treated, but allowed to cool, gave a similar result.

7. Five grains of starch, similarly treated, with the addition of three minims of acid. hydrochlor. dil., showed but a slight action after three days.

In using any of the ordinary tests for sugar, the fact must be borne in mind, that papaw juice itself contains saccharine matter, which must be determined before the conversion of the starch can be accurately ascertained.

Obstructed Labor the Result of Operation for Lacerated Cervix.

From the Transactions of the Obstetrical Society of New York, published in the *American Journal of Obstetrics and Diseases of Women and Children*, for October, 1880, we learn that at the meeting of the Society, held March 2d, 1880, Dr. J. E. Janvrin reported a case with the following history:—

He was called to see a woman who was being attended in labor by Dr. Winters. She was a multipara, thirty-six or thirty-seven years old, and had been in labor twenty-four hours, with tremendous pains. Two years ago she was operated upon at the Woman's Hospital, for lacerated cervix, and a portion of the vaginal wall was also removed in an operation for the restoration of the perineum. On making an examination, he found that there was no dilatation whatever of the cervix. It was so small that, for a long time, he was unable to find it, and when found he recognized only a pinhole opening. The hot-water douche was recommended and used, with the hope that it would soften the cervix, but at the end of three or four hours the condition of things was unchanged. Dr. Winters then administered chloroform, and Dr. Janvrin succeeded in passing a bistoury and cutting the cervix upon either side without difficulty, and then gradually stretching it with the fingers. Sufficient dilatation was obtained at the end of about half an hour to enable him to deliver the woman with forceps. The child was dead, and apparently had been for some days, as the cuticle readily peeled off. The special point of interest in the case was the sewing up of the cervix so thoroughly two years ago that there was no dilatation produced by powerful labor pains continued for over twenty-four hours. It was the only case of the kind he had ever seen.

Obliteration and Renewal of Brain Function.

Dr. Orpheus Everts, of Cincinnati, writes to the *American Journal of Insanity*, for October, 1880:—

Arrest and release, or re-assertion of a part of, if not all cerebral functions, is not infrequent; instances of the kind occur under the observation of every general practitioner. Suspensions of brain function, generally partial, are usually brief and alternating. Obliterations

of mental function and renewals of the same, are rare phenomena.

The instance recorded in *The Brain*, for April, 1879, and copied in the *Journal*, for July, 1880, is exceedingly interesting. In over thirty years' observation, I have seen but one case.

Miss — aged about thirty, unmarried, of ordinary intelligence and common school education, in fair health previous to attack, in the autumn of 1846 was seized with an intermittent, as I supposed, and took, by direction, three doses of sulph. quinine, of six grains each, at intervals of three hours. I found, on examination the following morning, my patient paralyzed on the right side, and unable to communicate. The next day I discovered dry gangrene surrounding the great toenail of the left foot, and extending up the extremity. The gangrene progressed quite rapidly, until a line of separation marked its arrest at upper third of tibia, in front, but reaching only part way up the fleshy calf posteriorly. The woman's general health had begun to improve, without any apparent mental capacity, however, and I amputated the leg, by circular incision over tibia, and transfixing muscles in the rear, cutting down and out, to secure flap. My knife cut through a sack of pus under the belly of the muscles, but the muscles and integument appearing healthy, I dissected away the pus sack, and dressed. Healing took place kindly, and the woman, in the course of a few weeks, became quite fleshy. The right paralysis disappeared gradually; but on the re-appearance of mental activity it was discovered that the woman, so far as mental phenomena were concerned, was a new-born creature. She had to learn everything *de novo*. She had no memory of previous existence or circumstances. She learned much more rapidly than an infant learns; but had everything to learn. I kept track of the case six years, but know nothing of subsequent history.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—A reprint from the Transactions of the State Medical Society of Wisconsin contains a "Contribution to a Knowledge of Fracture of the Rim of the Acetabulum, based on the Reports of twenty-seven cases, and Experiments on the Cadavers," by Nicholas Glenn, M.D., of Milwaukee.

—"Syphilitic Degeneration of Arteries as a Cause of Aneurism," is the subject of a paper by Norman L. Snow, A.M., M.D., of Albany, which comes to us in a reprint from the *Medical Record*, August 28th, 1880.

—*Lippincott's Magazine*, for November, is noticeable for the beauty of its illustrations and the agreeable mixture of the useful and beautiful it serves up to readers.

—A reprint from the *Independent Practitioner*, for September, 1880, contains "Some Practical Suggestions in the Treatment of Diphtheria," by R. J. Dunn, M.D., of Savannah, Ga.

—*Godey's Lady's Book*, for November, has some admirable fashion prints, and a choice selection of prose and verse, calculated for agreeable reading in the home circle.

—*The North American Review*, for November, presents several telling political articles, giving both sides of the question, a paper on the coming revision of the Bible, by Dr. Crosby, and other solid reading.

—Dr. W. T. Councilman sends us, in the form of a reprint from the *Journal of Physiology*, a contribution to the "Study of Inflammation as illustrated by Induced Keratitis," being the prize essay of the Baltimore Academy of Medicine.

—"School and Industrial Hygiene," is the title of the twelfth and last of the series of American Health Primers, edited by W. W. Keen, M.D. It is from the pen of D. F. Lincoln, M.D., Chairman Department of Health, Social Science Association. The subject is one of great importance, and as it has been handled with the skill of a master, we do not hesitate to say that this volume is one of the best, if not the best of this most excellent series. No school teacher, or parent, or any one else interested in the education and physical training of the young should neglect to read it. Published by Presley Blakiston, 1012 Walnut Street, Philadelphia. Price 50 cents per volume.

BOOK NOTICES.

A Practical Treatise on Nasal Catarrh. By Beverly Robinson, A.M., M.D. (Paris), Lecturer upon Clinical Medicine at the Bellevue Hospital Medical College, New York, etc., etc. New York, William Wood & Co., 27 Great Jones Street. 1880. Cloth, 8vo., pp. 182.

Although we have been almost inundated lately with treatises on nasal catarrh, and excellent ones too, we cannot but think that this one will form a valuable addition to what has already been written on the subject. In a disease so in-

tractable as the one under consideration, it is highly desirable to have the experiences of all who have had the opportunity to treat a large number of cases. We thus get a variety of views and opinions, which, because sometimes conflicting, will lead us to think independently, while still enabling us to profit by the failures and successes of others. The use of the nasal douche the author condemns altogether, recommending the substitution of syringes and atomizers. Even these should not be used longer than is necessary to prevent the formation and lodgment of hard masses of inspissated mucus in the nasal cavities, or to remove unpleasant odors. The chapter on prophylaxis and general remedial treatment of various forms of coryza is, in our opinion, unexceptionally good, and perhaps the more valuable, because the author's opinions differ in some respects from those of others. The book contains fifty-six engravings, illustrating the various instruments for examination and for treatment, together with the methods of using them, etc., etc.

Twenty-fifth Annual Report upon the Births, Marriages and Deaths, in the city of Providence, for the year 1879. By Edwin M. Snow, M.D., Superintendent of Health and City Registrar. Providence Press Company, Printers to the City. 1880. pp. 88.

This is a most complete and admirably gotten up statistical report. It begins with births, the number of which, during the year 1879, was 2522, or 24.49 per 1000 of population. In connection with this report everything relating to the proportion of sex, color, parentage, seasons, plurality of births, etc., is given; not only for the year 1879, but for the past twenty-five years as well. The number of marriages was 2142, or 20.80 per 1000 of population; and in the report on this subject the same thoroughness has been observed. The number of deaths was 2026, or 19.67 per 1000 of population. The greatest number of deaths occurred during the month of December (213); the smallest number in June (120). The chief cause of death was consumption, the ratio of death from this cause to the whole number being 14.52 per cent., the largest number occurring in January and October. Next came scarlatina with 12.49 per cent., and then pneumonia with 7.19 per cent. The greatest number of deaths from scarlatina occurred in December, and from pneumonia in January. It is gratifying to see that the number of deaths from intemperance was exceedingly small.

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D. G. BRINTON, M.D., EDITOR.

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FOR AND AGAINST THERAPEUTICAL NOVELTIES.

The mania for the introduction of new remedies shows no symptom of decreasing. It still appears to be in quite an acute stage. Some satisfaction may be derived from the fact that the patient—which in this instance is the profession—is aware of his condition. He occasionally swears and occasionally laughs at his affliction. The joke is passing around, of the doctor who was asked by a rheumatic subject whether he had heard of this great new remedy for rheumatism, so much praised by Professor So-and-so. "Certainly I have," replied the doctor, "and I am going to prescribe it for you this very day, as in a month it will be of no account at all." There is also the story told of one of our well-known clinical teachers, rather characterized for his love of novelties, who on one occasion addressed his class:—

"This, gentlemen, is evidently a case of malarial disease. We know, of course, that quinine or arsenic is effectual in this class of complaints, and their exhibition, therefore, would

teach us nothing. Let us rather try the celebrated new remedy advocated by Dr. So-and-so, etc."

Evidently the editor of the *Western Lancet* has got to the swearing point. Somebody sent him still another wonderful product of Peruvian bark, to notice, which was just one more than he could stand, and he breaks forth thus:—

"When will this diabolism cease? and when will the traffickers in new remedyism ever let up in their schemes of crowding into the van their tiresome innovations, and endeavoring to compel physicians to prescribe and use their silly and useless nostrums?"

"We trust that physicians will resent and disfavor this classic procession of meaningless remedies, and give no encouragement to the missionaries sent out for their introduction; for it is through the medium of our medical men that we shall thwart the bombardment of these damaging delusions."

It is a pertinent inquiry whence these new remedies come in such masses, and why they are so energetically urged upon the profession. Perhaps the profession is not yet aware that decidedly the minority of these compounds originate with physicians.

It is in one sense true that the patent medicine business is "played out." A proprietary medicine advocated by the profession can be introduced at a far less cost and bring in most handsome returns. A new compound is, for a considerable time at least, the property of the firm which introduces it; and as its popularity is tolerably certain to be short, the introducing firm has the cream of the market, and can have another one ready by the time the last one is waning in favor.

The profits are splendid. One of these novelties, the proprietors of which notify physicians that it is "introduced through the profession only," returned, so it is reported, over one hundred thousand dollars net profit in the year 1879. From \$50,000 to \$100,000 clear profit is raked in every year by several drug houses we could name, made almost exclusively off of new preparations and remedies introduced strictly "ethically." With such magnificent prospects ahead, no wonder the competition is active.

But we should not shut our eyes to the advan-

tages resulting. It is to the interest of these great firms to have their preparations stable, genuine, and manufactured in the most careful manner. They have ample capital to secure the best pharmaceutical and chemical talent, and they do so. American pharmacy, especially in its technical and trade features, is ahead of all others. Again; should, by any chance, a new remedy have real value—an unlikely, but still possible hypothesis—it is a great benefit to have such able and energetic houses ready to get it, and supply it in any practicable quantity, and of the best quality. There are also, no doubt, vast unexplored fields in the realm of remedial agents which these combinations of skill and capital are rapidly opening up; and it is still possible that a plant as valuable as the poppy or cinchona is awaiting its discoverer: that an agent as efficient as arsenic or iodine may yet reward the medical chemist. Such a discovery were cheaply purchased by the useless dosing of a hundred years of patients. It is also noteworthy that most of these new remedies are harmless, or comparatively so. The reasons are obvious. Dangerous remedies are exhibited in small doses; can only be sold in small quantities, and consequently yield but small profits. Good, big doses, spoonful doses, pay the pharmacist best, and he doesn't want ugly accidents. Hence these preparations usually obey the so-called "first law" of the medical art, "Do no harm." Perhaps, therefore, in using them, the physician occasionally escapes an indiscretion which, were he busying himself with the old stand-bys, might lose him his patient prematurely.

Again, the public, by a curious psychological process, is sure to take a prejudice against any remedy it becomes familiar with. How often must the physician hear, "Doctor, don't give me any quinine, or mercury, or opium. I can't bear them." Homœopathy owes much of its popularity to the inscrutableness of its mysterious pellets and powders, and the barbarism of its therapeutical nomenclature. Hence it is a good thing to have some new remedies at hand, even if they are mere disguises of old ones, like some of the new chalybeates. We really believe that

the tendency to fly off to practitioners of irregular schools, as well as to the consumption of quack medicine, have been diminished by the liberal introduction of therapeutical novelties.

These may not all seem very noble reasons for regarding with a kindly eye the pharmaceutical activity at present reigning. It is a cynic who teaches the maxim, *mundus vult decipi; decipitur*. But one often has to choose between uncongenial routes; and probably were the balance fairly struck, it were more to the best advantage of the profession and their patients to encourage experimental pharmacy than to unite in frowning down the current methods of rushing medical novelties on the market.

NOTES AND COMMENTS.

Therapeutical Notes.

IODIDE OF ETHYL IN ASTHMA.

This new remedy is reported upon favorably. A writer in the *Chicago Medical Journal and Examiner* found the effective dose to be six drops, by inhalation. It "relieved the paroxysms, as if by magic, and no unpleasant symptoms followed its use."

IODIZED GLYCERINE.

Dr. Lamarude (*La France Méd.*, 1880, p. 279) recommends the following formula:—

R. Glycerini,	$\frac{3}{4}$ x
Tinct. iodini,	\mathfrak{M}_{xxx}
Potassii iodidi,	gr. ss. M.

SIG.—A dessertspoonful a quarter of an hour before each meal.

Under the use of this remedy the appetite returns, and constipation, when it exists, ceases absolutely. In the case of delicate individuals this formula may be modified as follows:

R. Glycerini,	$\frac{3}{4}$ viij
Syrupi rubi,	$\frac{3}{4}$ xiv
Tinct. iodini,	\mathfrak{M}_{xxx}
Potassii iodidi,	gr. ss. M.

Opinions from Canada about Venesection.

The annual meeting of the Canada Medical Association took place last month. Among other subjects discussed was that of venesection.

Dr. Hill read a paper, in which he expressed the opinion that the lancet would yet be employed more than at present. He recommended bleeding, especially in the early stages of fever, in pneumonia and in puerperal convulsions.

Dr. Botsford sympathized with the views of the writer.

Dr. R. P. Howard said that modern physicians are much more successful in the treatment of pneumonia than those who lived in the days of bleeding. He believed that now-a-days the nervous element was more prominent—the condition of neurasthenia was more frequent—and thus a different treatment was required.

Dr. J. Campbell said that many persons had a strong feeling against bleeding, and this gave rise to reflections when a case ended fatally, and hence many physicians were thus deterred from employing venesection. He had employed it successfully in three cases of puerperal convulsions.

Dr. Lafferty said that many old-fashioned people blamed the doctor if he did not bleed.

Dr. Brush never saw venesection practiced. He stated that Dr. Austin Flint had an attack of pneumonia; his attendants advised bleeding; he repeatedly objected; finally, the distress becoming more urgent, he requested to be bled, which was done and he was relieved.

Dr. Osler had seen great benefit from bleeding in pneumonia. Relief was immediate. He would also recommend it in the early stages, if there was very high fever; and in some forms of chronic valvular disease, to relieve fullness of the right heart.

Medical Practice in Virginia.

A letter in the *Virginia Medical Monthly* gives a most gloomy and we doubt not quite correct account of the wretched condition of medical practitioners in that State. The writer says, "A practitioner of forty-five years' practice left thousands of dollars of worthless accounts to his bankrupt estate and his pauper children and grandchildren, and the benefactors of his loss care no more about these unsettled and unwritten obligations, than if gratitude and honesty and honor were nothing but empty names. Another large practitioner, of thirty years' practice, died without means to purchase his coffin; and a large proportion of the physicians of Hanover Co., Va., are at this day miserable paupers, having no means to purchase the necessities and comforts of life; and the surviving doctors themselves are unable to obtain decent clothes, medical journals, instruments, and even licenses. Many of them have but a miserable *rosinante* to attend to their daily calls, and very few of them have a vehicle either for themselves or for their families."

The causes of this state of affairs are defined

to be, 1st. The exemption laws of the State; 2d. Indiscriminate credit to patients; 3d. Lack of uniformity in fee bills; 4th. A false spirit of philanthropy.

Evidently the correction of this state of things rests with the profession, and by firm and unanimous action they can restore themselves to their legitimate financial condition.

Nerve Grafting.

Dr. J. Gluck, of Bucharest, lately brought before the ninth congress of the German Society of Surgery, at Berlin, some interesting results of experiments in nerve-grafting. He cut out a portion of the sciatic nerve of a fowl, and then removed a similar portion of the same nerve from the leg of a rabbit, and placed this in the leg of the fowl, uniting the two ends by sutures. The nerve united, and the paralysis caused, of course, by the excision of the piece of nerve was recovered from. He repeated the experiment, and exhibited the successful results, showing the fowls with full restoration of power. He was led to these experiments by the result of a case of nerve suture. Paralysis of the median had resulted from an extensive destruction of the tissue of the arm by gangrene. Dr. Gluck cut down on the radial nerve and found that part of the nerve was destroyed. He united the two ends by sutures, and the man regained the power of motion, which he had entirely lost. Of course, the experiments in nerve-grafting in animals do not warrant the expectation that a similar result could be obtained in the case of the human subject. It is well known that the union and regeneration of nerves occur with greater facility in the case of the lower animals than in man.

Treatment of Acute Alcoholism.

After a hard spree, most men suffer with nervous excitement, loss of appetite, and insomnia. For this condition, they use, in the Albany Hospital, the following mixture:—

R.	Tr. opii deod.,	f. ʒj	
	Potassii bromid.,	ʒi	
	Ext. hyoscyami, fl.,	f. ʒj	
	Chloral hydrat.,	ʒ ss	
	Tr. capsici,	f. ʒ ss	
	Tr. aconiti rad.,	℥v	
	Spts. menthæ pip.,	f. ʒ ss	M.

Sig.—Take one dose, and repeat in four hours, if patient is not asleep.

One dose will usually keep the patient asleep for five or six hours, and upon awaking, food will be generally taken with relish. The patient

is kept thoroughly under the influence of this medicine for two or three days; after this, some bitter infusion, with some food, is all that is needed.

The object to be gained is rest, thereby checking the excessive waste of nervous force which otherwise takes place.

If the excited condition, after being once controlled, is allowed to return, much time is lost in securing convalescence; and for this reason, a condition of sleep or sleepiness for the first forty-eight hours of treatment is favorable.

The Prophylaxis of Puerperal Convulsions.

This subject has been made a matter of careful study by Dr. A. Segur, of Brooklyn. His conclusions are thus expressed at the close of his article in the *Transactions of the Kings County Medical Society*:—

1. We should study the convulsions of puerperal women as a symptom solely, as we do the convulsions of all other persons.

2. The convulsions of puerperal women are in almost all cases a symptom of insufficient performance of renal function—whether due to acute Bright's disease or to a disturbance simply functional. They are simply one of a uræmic train of symptoms.

3. Then the preventive treatment of uræmia is the prophylaxis of puerperal convulsions, as at the setting in of the uræmia it is very often too late to avert convulsions.

4. A pregnant as well as a parturient woman should be considered a subject for responsible professional care, and particularly be watched with reference to the function of the kidneys.

Lactucarium as a Sedative.

From our own experience with the drug—and it is not as much used as it should be—we can endorse the following remarks of Mr. J. Foster Flagg, D.D.S., in the *Dental Cosmos*:—

The syrup of lactucarium, when well made, and I have found remarkable difference in this regard, is a delightfully calming, soothing medicament, one which induces a condition of quiet that permits rest and allays irritation, both physical and mental.

This, like the solution of the bi-meconate of morphia, may not produce sleep, and indeed the wakeful state of quiet is rather the more likely to ensue; but it is very acceptable, and with some patients preferable to somnolency, especially during the evening and earlier hours of the night.

The dose of syrup of lactucarium is from a teaspoonful for a child to a dessert or even table-spoonful for an adult, repeated in an hour or two, if required.

Iodised Cotton.

This is made by saturating cotton wool with iodine tincture and sun-drying. A writer in the *British Medical Journal* says of it:—

I was led to attempt its use where it was desirable for a prolonged period to obtain the maximum of absorbent stimulating action of iodine with the minimum of skin irritation.

In the rough method of painting iodine on the skin, the amount actually consumed is but small; yet, if an effort be made to push the treatment by either repeated painting or increased strength of solution, blistering occurs, necessarily followed for a time by cessation of its use. If, however, a layer of iodized cotton retained by a bandage be employed, not only is the skin placed in a favorable condition to slowly absorb the iodine as the confined perspiration gradually moistens and lets it free, but an additional factor is called into play by the application of equable pressure. In this way I have for years treated all cases where the external application of iodine is indicated, such as scrofulous and syphilitic affections of glands, chronic and acute synovitis and their sequelæ. In acute synovitis unusually rapid cure has appeared to follow where, after aspiration of the joint, absorption of small secondary effusion has been so aided.

CORRESPONDENCE.

A New Method of Disposing of the Umbilical Cord.

ED. MED. AND SURG. REPORTER:—

In the REPORTER of October 2d I noticed a short note taken from some foreign journal, on "A New Dressing for the Navel," in which the writer states that he has dressed twenty-eight cases in the manner therein described, with entirely satisfactory results in every case. Some years ago, after considerable experience in obstetrics, I came to the conclusion that the directions given in the text books for the management of the cord and navel were in certain respects insufficient. I have, therefore, in my own practice, diverged somewhat from the prescribed method, and think that my treatment is an improvement upon that hitherto adopted; as to which, however, the reader can judge.

Immediately upon the birth of the child, and after it has given reasonably sufficient evidence that it has passed from the condition of an aquatic to that of an air-breathing animal, I

compress the cord between the thumb and the index and middle fingers of the right hand, and as close to the abdominal implantation as the surrounding structures will permit. At the same time, with the thumb and index finger of my free hand I press back toward the placenta, for a foot or more, all the blood in the vessels of the cord, and direct the nurse to place a first ligature at the point to which this backward pressure is continued. This having been done, and the circulation in the child having become well pronounced I free the cord from my right hand, and thus allow the hypogastric arteries to rid themselves of whatever pent-up blood they may contain (which, in many cases, is not inconsiderable), by giving the latter an opportunity to flow back into that portion of the cord from which the contents have been previously forced. If, upon examination, the cord is found to be even, and of the average size, the second ligature is applied at the usual point, and the now useless life line is divided. When, however, as is frequently the case, the cord is found to be not only unnaturally large, but also studded with nodules of considerable size, or pools of gelatinous fluid, I withhold the second ligature until after the cord has been divided, and all the gelatinous pools opened by passing through them the sharp point of the scissors (taking care at the same time not to sever or wound the vessels of the cord), and also until after the gelatinous fluid has been pressed out and absorbed by wrapping around the cord the corner of a dry towel, or a moist sponge, and compressing it firmly. The second ligature is then applied, mostly as a precautionary measure, inasmuch as hemorrhage has in a few exceptional cases occurred, and as I further consider it morally obligatory not to neglect a practice which is of itself so harmless, and yet so effectual against secondary hemorrhage.

What has now become the mere shred of what was previously a large cord, I wrap with just enough muslin to prevent the cord from adhering to the band or roller placed around the child: and also to prevent the moisture from coming in contact with the abdominal wall. This dressing, simple as it is, I direct to be removed once, at least, every twenty-four hours, the cord and its surroundings to be thoroughly washed, and a fresh and precisely similar dressing to be applied.

Since I adopted this plain and clean treatment, that is now for several years past, I have had no trouble whatever with the management of the navel, nor have I even had an ill smelling one. I am of the opinion that by thus freeing the hypogastric arteries of their contents, which otherwise would have to be done by nature, and much more slowly, a proper condition of the navel is far more readily secured than has ever been supposed possible.

In conclusion, I will remark, that I am quite convinced that the immediate comfort as well as the future well-being of the child would be greatly promoted, if both the wrappings for the navel and the bandage for the abdomen were allowed to remain in the nurse's basket.

HENRY L. HORTON.

Morrisania, New York City.

Treatment of Chronic Eczema.

ED. MED. AND SURG. REPORTER:—

In No. 4 of your journal, issued January 24th, 1880, I reported a case of chronic eczema, and requested some of your many readers to propose some remedies, as it was a very obstinate case. In No. 9, of February 28th, 1880, Dr. John S. Aydelotte, of Snow Hill, Md., replied, in a very well written article, suggesting the course of treatment and the remedies which had proven successful in his hands. And in the March number, on page 219, "J. C. C." very kindly suggests his treatment of the disease, without charge, if I will "report progress through your columns."

I take this privilege to return my thanks to the gentlemen for their advice and counsel, and to make my first report of the progress of the case.

It would be too tedious to give in detail the treatment of this well-marked and obstinate case of eczema, making its appearance on all parts of the external surface, in the ears, the eyes, and the system generally.

As stated in my previous report of the case, my treatment was mainly constitutional, by purgatives, alteratives, tonics and antacids. I desire to say to the gentlemen who so kindly gave me their prescriptions, that I did not adopt either, owing to the fact that the case began to improve permanently under the course I had prescribed for it before hearing from them. My treatment was, as above stated, pushing the cod-liver oil and Fowler's solution of arsenic mixed together. When the arsenic would begin to sicken the stomach, it was suspended for three or four days, and a dose of blue pill given at night, followed in the morning by an infusion consisting of senna, salts, Virginia snake-root and columbo, taken to move the bowels freely. After this, the arsenic was resumed as before. I also tried the fluid ext. of berberis aquifolium, as a substitute for the arsenic, but it did not answer the case. The only external application that was really beneficial was the benzoatin zinc ointment. I did not try the tar and calomel ointment recommended by "J. C. C.," not deeming it necessary. The case, I am happy to say, is entirely healed up and well, except a little burning sensation in the mouth, a symptom which prevailed during the whole course of the attack, and sometimes very aggravated. I am yet giving cod-liver oil in tablespoonful doses, three times a day.

K. S.

The Diploma Traffic.

ED. MED. AND SURG. REPORTER:—

A correspondent, in one of the late issues of your journal, says, on the subject of diploma selling: "I have long been satisfied, that this is a subject that County Medical Societies should not be expected to deal with, etc." He gives his reasons for societies not making "war on those bogus doctors;" and yet he fails to convince me that such societies should not do so. I claim that it is the duty of regular medical societies to use all honorable means at their command to silence all charlatans; and not only the socie-

ties, but the duty of every honorable member of the profession to educate, if possible, a confiding public in regard to the qualifications of all such pretenders. I agree with the Doctor, that we should have stringent laws governing the practice of medicine; not only a law of registration, but a law authorizing a competent board to examine each and every man who proposes to offer professional services to the public.

In this section of the country we are not only cursed with doctors who have bogus diplomas; we also have doctors who hold diplomas from medical schools, and yet are nothing better than ignorant pretenders. Some who have filled the places of hospital stewards in the war of the Rebellion came West and blazed forth as fully qualified. Such persons are not entitled to the etiquette of the profession. Our medical associations have members who are unwilling to take the mask off of those quacks that the people may know them by sight. Why? Because, forsooth, they are at times called in consultation with those quacks, and assign as a reason that the patients are worthy people and must have help; but I suspect that the fee is the motive power. Then the quack and his friends pass it around that Dr. A. said he was doing all any one could do, and that he (quack) was a bright star in the medical firmament. I claim that all honorable members of the profession, with the numerous medical societies, should discountenance all such actions. As to how a good law will work, we have an abundant evidence in the States of Illinois and Kansas. They have very stringent laws, and the result is that Missouri is flooded, as it were, by charlatans who have to leave the above-named States to escape legal penalties. It is said in Illinois there were driven out and silenced about eight hundred of such pretenders; in Kansas about four hundred.

J. L. MIZENER, M.D.

Smithville, Mo., August 30th, 1880.

Large Doses of Morphia, Hypodermically.

ED. MED. AND SURG. REPORTER:—

Under the head of "Notes and Comments," in the REPORTER for October 9th, I notice an article calling attention to large doses of morphia administered hypodermically. A case is mentioned, taken from the *Practitioner*, where the dose given was six grains, repeated three times a day.

In the case of a patient lately under my care, I resorted to morphia hypodermically, to relieve the intense pain which accompanied dry gangrene of the feet; commencing with one-half grain doses, which I was obliged to rapidly increase, until the large amount of twenty grains was given at a single injection; for which operation a special syringe had to be manufactured.

Singularly enough, the progress of the disease was arrested, and the patient entirely recovered; but for a period of three years I gave her a single injection of from twenty to twenty-five grains daily, till she finally died, at the age of seventy-eight, from an attack of acute diarrhoea.

GEORGE A. STELLING, M.D.

Sag Harbor, Long Island, N. Y., Oct. 11th, 1880.

NEWS AND MISCELLANY.

The New York Medical Law.

We have been requested to publish the full text of the New York medical law, which we do this week, to the postponement of various other matters of news:—

AN ACT entitled "An act to regulate the licensing of physicians and surgeons."

Passed May 29th, 1880; three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:—

SECTION 1. A person shall not practice physic or surgery within the state, unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do, as prescribed by chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act.

SEC. 2. Every person now lawfully engaged in the practice of physic and surgery within the state shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorized to practice physic and surgery shall, before commencing to practice, register in the clerk's office of the county where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the state, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same, and by whom granted; which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The county clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

SEC. 3. A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offence, and for each subsequent offence by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one-half to the person or corporation making the complaint, the other half into the county treasury.

SEC. 4. A person coming to the state from without the state, may be licensed to practice physic and surgery, or either, within the state, in the following manner: If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated university, medical

college, or medical school without the state, he shall exhibit the same to the faculty of some incorporated medical college or medical school of this state, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it for the purpose of his license to practice medicine and surgery within this state the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practice physic and surgery within the state upon his complying with the provisions of section two of this act.

Sec. 5. The degree of doctor of medicine lawfully conferred by any incorporated medical college or university in this state shall be a license to practice physic and surgery within the state, after the person to whom it is granted shall have complied with section two of this act.

Sec. 6. Nothing in this act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practiced medicine and surgery for ten years last past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this state, and who shall graduate from and receive a diploma within two years from the passage of this act.

Sec. 7. All acts, or parts of acts, inconsistent with the provisions of this act are hereby repealed.

Items.

—Melohiah, a Choctaw princess, died at Hoyt City, in the Indian Territory, the other day, at the great age of one hundred and fourteen years. She had thirteen great-great-grandchildren. She had been addicted to the inordinate use of tobacco for one hundred and five years.

OBITUARY NOTICES.

G. F. STEWART, M.D.—At a meeting of the Physicians of Wythe Depot, Shelby County, Tenn., the following resolutions of respect and condolence were adopted:—

WHEREAS, It has pleased God to remove from our midst, and from a life of usefulness, our esteemed brother of the Profession, Dr. G. F. Stewart, and while we bow in humility to the dispensation of the most High and Triune God, we cordially give expression to our sorrow in his death;

Resolved, That the medical profession in this vicinity are moved with deep regret by the death of so faithful and useful a member.

Resolved, That in this event we are in remembrance of his earnest devotion to our profession and to humanity, which stimulates us to increased energy in the discharge of the duties that rest upon us as physicians and citizens.

Resolved, That he was moral, kind and attentive to the profession of his choice; and the afflicted in this community always found in him a kind and considerate physician.

Resolved, That we do deeply sympathize with the bereaved wife, relatives and friends; and that a copy of these resolutions be furnished the MEDICAL AND SURGICAL REPORTER, of Philadelphia, for publication; and that a copy be presented to the wife of the deceased.

All of which is respectfully submitted:

B. F. O'DANIEL, M.D.,
L. L. BATTLE, M.D.,
C. M. STEWART, M.D.,
J. F. BONE, M.D.,
W. B. BATTLE, M.D.,
J. P. DUGLASS, M.D.

—John Newton, Jr., M.D., whose whole life and soul were given to the physical and spiritual healing of the lepers in North India, died at Sabbathu, July 29th, of cancer in the stomach.

—Dr. Wilms, one of the most celebrated surgeons of Germany, died recently, from blood poisoning, consequent upon an accidental cut while performing an operation.

—Dr. Montgomery Chambers died recently, in this city, at the age of eighty-five. He was a practitioner in medicine for sixty years, the most of the time in this city, and was very highly esteemed. He made a number of contributions to the literature of medical science.

QUERIES AND REPLIES.

Dr. T. H. F., of Cal., inquires whether there is such an article as rubber underwear used in the treatment of lepra, and if so, whether it has proved beneficial, and where it can be obtained.

Ans.—Some articles on the subject appeared in the REPORTER a couple of years ago, but it does not appear to have come into much use, for some reason or other. Perhaps some of our readers may know more about it.

MARRIAGES.

ANDREW—SHARP.—At Morristown, N. J., Sept. 18th, by the Rev. Dr. Erdman, assisted by the Rev. Brownell Andrew, of the Newark Conference, father of the groom, H. B. Andrew, M.D., and Emma Louise Sharp, both of Morristown.

JONES—McGRATH.—On Wednesday, October 13th, 1880, at St. John's R. C. Church, by the Rev. P. R. O'Reilly, Alfred Jones, M.D., of Chester County, Penn., and Kate, daughter of John McGrath, Esq., of Philadelphia.

DEATHS

CHAMBERS.—In this city, on Sunday, 10th inst., Montgomery Chambers, M.D., in the eighty-fifth year of his age.

MARKLEY.—In this city, on the 8th inst., Juliet E., wife of Dr. A. D. Markley, in the forty-first year of her age.

THOMSON.—In this city, on the 8th inst., Dr. James W. Thomson, in the seventy-ninth year of his age.